-+Form D

Page 1 of 9

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal? notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 **Expires: May 31, 2005** Estimated average burden hours per response...1

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

03021154 [ ] ULOE

Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply):

[ ] Rule 504

[ ] Rule 505

A. BASIC IDENTIFICATION DATA

[X] Rule 506 [ ] Section 4(6)

PROCESSED

THOMSON

Type of Filing: [X] New Filing

[ ] Amendment

JUN 04 2003

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.)

Address of Executive Offices 2229 Tomlynn Street, Richmond, VA 23230

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code) (888) 533-7146

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

(if different from Executive Offices)

N/A

CPOR Inc.

Brief Description of Business

Provider of consulting, engineering and packaging products and services.

Type of Business Organization

[X] corporation

[ ] limited partnership, already formed

[ ] other (please specify):

Form D	Page 2 of 9
[ ] business trust [ ] limited partnership, to be	formed
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Po	
GENERAL INSTRUCTIONS	
Federal:	
Who must file: All issuers making an offering of securities in reliance o CFR 230.501 et seq. or 15 U.S.C. 77d(6).	n an exemption under Regulation D or Section 4(6), 17
When to File: A notice must be filed no later than 15 days after the first filed with the U.S. Securities and Exchange Commission (SEC) on the address given below or, if received at that address after the date on wh registered or certified mail to that address.	earlier of the date it is received by the SEC at the
Where to File: U.S. Securities and Exchange Commission, 450 Fifth St	reet, N.W., Washington, D.C. 20549.
Copies Required: Five(5) copies of this notice must be filed with the SE not manually signed must be photocopies of manually signed copy or be	
Information Required: A new filing must contain all information request issuer and offering, any changes thereto, the information requested in Previously supplied in Parts A and B. Part E and the Appendix need no	Part C, and any material changes from the information
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Of states that have adopted ULOE and that have adopted this form. Issue Securities Administrator in each state where sales are to be, or have be precondition to the claim for the exemption, a fee in the proper amount the appropriate states in accordance with state law. The Appendix in the completed.	rs relying on ULOE must file a separate notice with the een made. If a state requires the payment of a fee as a shall accompany this form. This notice shall be filed in
A. BASIC IDENTIFICA	TION DATA
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized</li> <li>Each beneficial owner having the power to vote or dispose, or of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	direct the vote or disposition of, 10% or more of a class
Check Box(es) that [ ] Promoter [X] Beneficial [X] Executive Apply:  Owner Officer	e [X] Director [] General and/or Managing Partner
Full Name (last name first, if individual)	

Form D Pasternak, Benjamin T.		Page 3 of 9
Business or Residence Address (Number and Street, City, State, Zip Code) 2229 Tomlynn Street, Richmond, VA 23230		
Check Box(es) that [ ] Promoter [ ] Beneficial [X ] Executive Apply: Owner Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) Rogers, Donald R.		
Business or Residence Address (Number and Street, City, State, Zip Code) 11921 Rockville Pike, Suite 300, Rockville, MD 20852		
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Apply: Owner Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Apply: Owner Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	en e	
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Apply: Owner Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Apply: Owner Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Apply: Owner Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
(Use blank sheet, or copy and use additional copies o	of this sheet, as n	ecessary.)

Form D						-					·			Page 4 of 9
					B. IN	FORM	ATION	ABOUT	OFFE	RING		·····		
	the issug?	er sold,	or does t				o non-ac lix, Colu					Yes [ ]	No [ X ]	
2. Wha	at is the	minimur	n investi						_			\$ _\$34	4,000	
3. Doe	s the of	fering pe	rmit joir	nt owner	ship of a	single i	ınit?	• • • • • • • • • • • • • • • • • • • •	••••			Yes	No [ ]	
directl connect person the na	y or indection with or agent me of the	formatio irectly, a th sales of it of a broker broker h a broker	ny comr of securi oker or c or deale	nission ( ties in th lealer re r. If mo	or simila le offeringistered re than f	r remung. If a pwith the five (5) p	eration for person to SEC an persons to	or solici be liste d/or with o be list	tation of d is an a h a state ed are as	purchas ssociate or states ssociated	sers in ed s, list	[]	l J	
Full N	ame (La	st name	first, if i	ndividua	al)									
Busine	ess or Re	esidence	Address	(Numb	er and S	treet, Ci	ty, State	, Zip Co	de)				***************************************	
Name	of Asso	ciated B	roker or	Dealer			. /							
		h Persor						t Purcha	sers	г э .	11 0			
(Chec	K "All S' [AK]	tates" or [AZ]	[AR]	idividua [CA]	[CO]	[CT]	 [DE]	[DC]	[FL]	[ ] A [GA]	.ll States [HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
		ist name		***************************************		[ • 1]	[ V Z X ]	[ 1,121]	[''']	[ ** 1]	["1]	[IIV]		
Busine	ess or Re	esidence	Address	(Numb	er and S	treet, Ci	ty, State	, Zip Co	de)					**************************************
Name	of Asso	ciated B	roker or	Dealer		•				***************************************	***************************************	***************************************	6	
		h Person						it Purcha	isers		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
•		tates" or			•			[DC]	CET 1		Il States			
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	iame (La	ast name	first, if i	individu	al)									
Busin	ess or R	esidence	Address	s (Numb	er and S	treet, Ci	ty, State	, Zip Co	de)	***************************************	***************************************			
Name	of Asso	ciated B	roker or	Dealer										
		ch Person tates" or						it Purcha	isers	[ ] A	All States		·····	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange		
and already exchanged.		
Type of Security  Debt	Aggregate Offering Price \$125,000 \$250,000  \$125,000 \$ \$ \$ \$ \$ \$	Amount Already Sold \$ 125,000 \$ 250,000 \$ 125,000 \$ 5 500,000
2. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".		
Accredited Investors	Number Investors8	Aggregate Dollar Amount of Purchases \$500,000 \$ \$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of Offering Rule 505 Regulation A Rule 504 Total	Type of Security	Dollar Amount Sold \$ \$ \$ \$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to further contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.
estimate.

Transfer Agent's Fees	[ ] \$
Printing and Engraving Costs	[ ] \$
Legal Fees	[X] \$ <u>15,000</u>
Accounting Fees	[ ] \$
Engineering Fees	[ ] \$
Sales Commissions (specify finders' fees separately)	[ ] \$
Other Expenses (identify)	[ ] \$
Total	[X] \$ <u>15,000</u>

- 5. Indicate below the amount of the adjusted gross proceeds tot he issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.

Salaries and fees	Payments to Officers, Directors, & Affiliates [ ] \$	Payments To Others [ ] \$
Purchase of real estate	[ ]\$	[ ]\$
Purchase, rental or leasing and installation of machinery and equipment	[ ] \$	[ ]\$
Construction or leasing of plant buildings and facilities	[ ] \$	[ ]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[ ]\$	[ ]\$
Repayment of indebtedness	[ ] \$	[ ]\$
Working capital	[ ] \$	[X] \$ <u>485,000</u>
Other (specify):	[ ] \$	[ ]\$
•	[ ]\$	[ ]\$
	[ ]\$	[ ] \$
Column Totals	[ ]\$	[ ]\$
Total Payments Listed (column totals added)	[ ]\$	[X] \$ <u>485,000</u>

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type)	Signature Date	
CPOR Inc.	5/21.	2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Benjamin T. Pasternak	President	

### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

#### E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
CPOR Inc.	3	5/21, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	,
Benjamin T. Pasternak	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend t		3 Type of security and aggregate offering price		5 Disqualification under State ULOC (If yes, attach				
	investors i (Part B-Ite		offered in state (Part C-Item 1)		amount pi (Par	explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC		X	Common Equity, \$50,000	1	\$50,000	0	\$0		X
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY	-								
KY									
LA									
ME									
MD		X	Common Equity, \$211,000	5	\$211,000	0	\$0		X
MA									
MI									
MN									
MS									
МО									
MT									

NE							
NV							
NH							
NJ							
NM							
NY	X	Common Equity, \$19,500	1	\$19,500	0	\$0	X
MC							
ND							
OH							
OK							
OR							
PA							
RI							
SC							
SD							
TN							
TX							
UT							
VT							
VA							
WA							
WV							
WI							
WY							
PR							